

SENATE BILL REPORT

E2SHB 1522

As of March 27, 2013

Title: An act relating to improving behavioral health services provided to adults in Washington state by defining outcomes for adult behavioral health services, increasing use of evidence-based, research-based, and promising practices for the provision of adult behavioral health services, implementing a strategy for the improvement of the adult behavioral health system, reviewing the provision of forensic mental health services, procuring enhanced services facility services, and requiring timely hospital discharge under the involuntary treatment act when a person no longer requires active psychiatric treatment in a hospital.

Brief Description: Improving behavioral health services provided to adults in Washington state.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Green, Ryu and Morrell; by request of Department of Social and Health Services).

Brief History: Passed House: 3/11/13, 95-3.

Committee Activity: Human Services & Corrections: 3/25/13.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Staff: Kevin Black (786-7747)

Background: Publically funded behavioral health services are delivered to adults and children in Washington through a wide variety of systems and programs. Research indicates that over 50 percent of adults meet diagnostic criteria for a behavioral health disorder during their lifetime. National studies indicate that the mortality rate is double for persons with mental illness. However, only 38 percent of persons with mental health disorders and 18 percent of persons with substance abuse disorders receive treatment. Persons with behavioral health disorders use emergency room and hospital services at a higher rate than the general population, and are at comparatively high risk for homelessness, unemployment, and criminal justice system involvement.

Enhanced services facility is defined in law as a facility that provides treatment and services to persons who do not need acute inpatient treatment and who are determined by the Department of Social and Health Services (DSHS) to be inappropriate for placement in other licensed facilities due to complex needs that result in behavioral and security issues. A system of laws governing such facilities was adopted by the Legislature in 2005, but no such facilities are funded in Washington.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Evidence-based is defined as a program or practice that has had multiple-site random-controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population. Research-based is defined as a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices. Emerging best practice or promising practice is defined as a practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice.

Agency-affiliated counselors are counselors employed by a county, or an agency or facility operated, licensed, or certified by the state of Washington. Agency-affiliated counselors must register with the Department of Health (DOH) by demonstrating that they are employed by an agency or have an offer of employment by an agency, and by passing a background check.

Summary of Bill: The financing, administration, and delivery of public behavioral health services must be designed to achieve improved outcomes for adult clients through increased use and development of evidence-based, research-based, and promising practices. The following client outcome measures are identified: improved health status; increased participation in employment and education; reduced involvement with the criminal justice system; enhanced safety and access to treatment for forensic patients; reduction in avoidable utilization and costs associated with hospital, emergency room, and crisis services; increased housing stability; improved quality of life, including measures of recovery and resilience; and decreased population-level disparities in access to treatment and treatment outcomes.

DSHS must establish a steering committee to lead implementation of a strategy to improve the adult behavioral health system. The strategy must include the following: an assessment of the current capacity of the publicly funded behavioral health system to provide evidence-based, research-based, and promising practices; identification, development, and increased use of these practices; design and implementation of a transparent quality-management system, including outcome reporting and development of baseline and improvement targets for identified outcome measures; and identification of services delivery and financing mechanisms that will best promote improvement of the behavioral health. DSHS must seek private foundation and federal grant funding to support its strategy and report on the status of implementation by August 1, 2014. The Washington Institute for Public Policy must assist by providing an inventory of evidence-based, research-based, and promising practices. Sixteen categories of stakeholders are specified for participation in the steering committee.

DSHS must contract with an independent consultant to review the provision of forensic mental health services in Washington and recommend modifications that would provide an appropriate treatment environment while enhancing the safety and security of the public, other patients, and staff. A report must be submitted by August 1, 2014.

By November 2013, DSHS must report a plan for establishing a tribal-centric behavioral health system ensuring increased access to culturally appropriate services for Medicaid-eligible tribal members.

To the extent funded, DSHS must begin a procurement process for enhanced services facility services by June 1, 2014, and complete the process by January 1, 2015.

Starting July 1, 2018, when the superintendent of a state hospital determines that a long-term patient no longer requires active psychiatric treatment at an inpatient level of care, the regional support network responsible for the individual must collaborate with the state hospital to transition the person into the community within 21 days of the determination.

An applicant for registration as an agency-affiliated counselor who applies to DSHS within seven days of employment by an agency may work in that capacity for up to 60 days while the application is processed. The applicant may not provide unsupervised counseling before completion of a criminal background check.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: We appreciate the broad inclusion of stakeholders, the emphasis on incentives for cross-system collaboration, and we strongly support the adoption of outcome measures for the behavioral health system. These outcome measures should also be extended to the health care system. We are pleased by the focus on prevention. The amendment related to registration of agency-affiliated counselors was worked out with DOH and will be very helpful for providers, because registration delays cause hardships to both agencies and prospective employees. Fully funding contracts with state employees who provide mental health services would help to relieve system problems. Please add nurses and advanced psychiatric nurse practitioners to the list of stakeholders in the bill. This bill provides the opportunity to do the same good work in the adult behavioral health system that we are already doing in the children's behavioral health system.

CON: The system changes in this bill would bring more of the same ineffective programs that do not work. Psychiatric drugs are ineffective and the side effects are intolerable.

OTHER: We are excited by the prospect of taking a higher-level look at the fractured mental health system in our state. We support increased use of evidence-based practices, and hope this bill will be used to enhance and not supplant the current safety net.

Persons Testifying: PRO: Gregory Robinson, WA Community Mental Health Council; Karen Jensen, DOH; Lowell Cowan, Service Employees International Union Healthcare 1199 NW; Melissa Johnson, WA State Nurses Assn.; Leslie Emerick, Assn. of Advanced Practice Psychiatric Nurses; Jane Beyers, DSHS.

CON: Ruth Martin, Citizens' Commission on Human Rights.

OTHER: Matt Zuvich, WA Federation of State Employees.